MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-009228
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1536

DO NOT WRITE ON THIS STUB

AMENDED FILED FEB 19 1963

VS 300
Rev. 4/59

DATE AMENDED 2-14

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ
1		
2		
3		
4		0
5		1
6		
7		2
8		2
9		
10		X
11		
12	90-0	
13		

90

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1948 ARSENAL ST.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1948 ARSENAL ST.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: JERRY Middle: (PROCHASKA) Last: PROCHAZKA

4. DATE OF DEATH: Month FEB Day 11 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: OCT 28 1903

9. AGE (last birthday): 59
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINE SHOP FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): CZECHOSLOVAKIA

12. CITIZEN OF WHAT COUNTRY: U-S-A

13a. FATHER'S NAME: JOHN PROCHAZKA

13b. MOTHER'S MAIDEN NAME: MARIE ORZAN

14. NAME OF HUSBAND OR WIFE: ELSIE PROCHAZKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv: YES WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT Address: ELSIE PROCHAZKA 1948 ARSENAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiovascular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Guess
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis — Guess
DUE TO (c): 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury, in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-6-61 to 2-11-63 and last saw ~~him~~ her alive on 2-8-63
Death occurred at 2 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James P. Nunley

22b. ADDRESS: 634 N. Grand Blvd

22c. DATE SIGNED: 2-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: FEB. 14 1963

23c. NAME OF CEMETERY OR CREMATORY: ST. TRINITY LUTHERAN

23d. LOCATION (City, town, or county) (State): ST. LOUIS CO MO.

24. FUNERAL DIRECTOR ADDRESS: Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.: FEB 13 1963

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Graves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.